



Family LAST Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ ☐ Add to email list for Parks updates only.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Text: Yes/No

Father/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Text: Yes/No

Child #1: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: F/M

Child #2: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: F/M

Child #3: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: F/M

Please indicate who you heard about this program? \_Facebook \_Friend \_Flyer \_Event \_Other \_\_\_\_\_

Program Name	Participant's Name	Age	Memo

**INITIAL: \_\_\_\_\_ PHOTOGRAPHS AND VIDEOS:** I give permission for photographs and videos of my child(ren) to be used in print or broadcast media or posted on the internet as deemed appropriate for the promotion of any Martinsville Parks & Recreation activities.

**INITIAL: \_\_\_\_\_ PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE:** I confirm that my child(ren) is in good health, and that I have medical insurance on my child(ren) and will provide coverage while he/she is enrolled. I hereby authorize simple first aid and consent to any x-ray, exam, and medical or surgical diagnosis that is deemed necessary in case of emergency and RELEASE, DISCHARGE AND COVENANT NOT TO SUE for any negligent medical efforts expended on my behalf or on behalf of the minor. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for the City Parks.

Special Medical Conditions: \_\_\_\_\_

#### **ASSUMPTION OF RISK, WAIVER OF LIABILITY**

As legal guardian of the above named persons, I RECOGNIZE AND FULLY UNDERSTAND that potentially severe injuries, including permanent paralysis or death can occur in activities involving height or motion, including but not limited to gymnastics, swimming, climbing, hiking, canoeing, camping, playground equipment, etc. In addition, swimming or any activity in or around water can result in brain damage or drowning. Other risks include, among other things: accidents involving the hazards of walking on uneven terrain, weather conditions; head injuries can occur; slipping and falling; falling objects; water hazards; accidental drowning; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; pinches, scrapes, twists and jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; equipment failure; and improper lifting or carrying; my child(ren)'s physical condition, and the physical exertion associated with this activity; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the condition of roads, terrain, or highways and accidents connected with their use.

These Risks and dangers may be caused by my own or my child(ren)'s actions, or inactions, the actions or inactions of others participating in City Parks programs, or the negligence of the City of Martinsville, Martinsville Parks & Recreation (collectively "City Parks"), officers, directors, shareholders, employees or other representatives, whether paid or volunteer. Being fully aware of these dangers and in consideration of the minor being permitted to participate in activities with City Parks, at Jimmy Nash Park or any other facility associated with City Parks activities, I fully accept and assume all such risks and responsibility for losses, costs, and damages I, or my child(ren), incur as a result of my child(ren)'s participation in the activities with City Parks. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless City Parks, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability, claims, demands, losses, or damages, without limitations, on the minor's account or mine caused or alleged to be caused in whole or in part by the negligence of City Parks, its officers, directors, shareholders, employees or agents. Should City Parks or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. In the event that I file a lawsuit against City Parks, I agree to do so solely in the state of Indiana, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**I have read and understand, and will at all times, abide by and have my child abide by rules, regulations and policies as set forth by Martinsville Parks & Recreation.**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_